

**LOCAL GOVERNMENT OFFICER  
CONFLICTS DISCLOSURE STATEMENT**

FORM CIS

(Instructions for completing and filing this form are provided on the back.)

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with chapter 176, Local Government Code.

**RECEIVED**  
OFFICE USE ONLY

Date Received

AUG 14 2006

1 Name of Local Government Officer

DENNIS C. FARMER

OFFICE OF CITY SECRETARY  
CITY OF SUGAR LAND, TX

2 Office Held

SUGAR LAND CITY COUNCIL, DISTRICT ONE

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

ST. LUKE'S HOSPITAL / KELSEY SEYBOLD

4 Description of the nature and extent of employment or business relationship with person named in Item 3

I HAVE A CONTINGENTAL ARRANGEMENT WITH KELSEY SEYBOLD TO PROVIDE PHYSICIAN PLACEMENT SERVICES.

5 List gifts if aggregate value of the gifts received from person named in Item 3 exceed \$250

Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift

Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift

Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift

(attach additional forms as necessary)

6 AFFIRMATION

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a family member (as defined by Section 176.001(2), Local Government Code) of a government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



*Dennis C. Farmer*  
Signature of Local Government Officer

AFFIDAVIT, dated 14 AUGUST 2006, above

I declare and subscribe before me by the name of \_\_\_\_\_, witness my hand and seal of office,

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath